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Date: February 24, 2006

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Number of pages (including this page): 3

F&B File No.: 75028- 307911  
Rec.: 6038

**From:** Scott A. Marks

**Telephone Number:** 612/766-7820

**To:** Mail Stop AMENDMENT  
Commissioner for Patents

**Fax No.:** 571-273-8300

Patent & Trademark Office, Technology Center 3700, Art Unit: 3738

**Inventor(s):** ROBERT L. DOUBLER et al.

**Examiner:**

**Appln. No.:** 10/673,680

**Group Art Unit:** 3738

**Filing Date:** September 26, 2003

**Title:** POLYAXIAL BONE SCREW WITH  
TORQUELESS FASTENING

**Docket No.** 75028-307911

Attached in connection with the above-captioned patent application are the following:

1. Revocation and Power of Attorney (1 page)
2. Statement Under 37 CFR 3.73(b) (1 page)

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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

I hereby appoint:

☒ Practitioners associated with the Customer Number:

43541

OR

☐ Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

Name	Registration Number	Name	Registration Number

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:

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<input type="checkbox"/> Firm or Individual Name			
Address			
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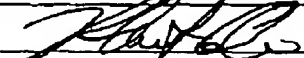
Assignee Name and Address:

Zimmer Spine, Inc.  
7375 Bush Lake Road  
Minneapolis, MN 55439-2029

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature		Date: 2-23-06
Name	Robert C. Cohen	Telephone: 952.830.6355
Title	President, Zimmer Spine, Inc.	

#20750765

F&amp;B(10-05) SB/95 (09-04)

**STATEMENT UNDER 37 CFR 3.73(b)**Applicant/Patent Owner: ROBERT L. DOUBLER et al.Application No./Patent No.: 10/673,680Filed/Issue Date: 09/26/2003Entitled: POLYAXIAL BONE SCREW WITH TORQUELESS FASTENINGZimmer Spine, Inc., a Corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title, and interest  
The extent (by percentage) of its ownership interest is \_\_\_\_\_ %

in the patent application/patent identified above by virtue of either:

- A. ☐ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

OR

- B. ☒ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: Robert L. Doubler et al. To: Ortho Innovations LLC

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Reel 016821, Frame 0484, or for which a copy thereof is attached.2. From: Ortho Innovations LLC To: Zimmer Spine, Inc.

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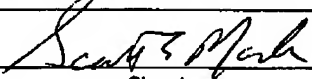
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☐ Additional documents in the chain of title are listed on a supplemental sheet.☐ Copies of assignments or other documents in the chain of title are attached.**[NOTE: A separate copy (i.e., a true copy of the original document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]**

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

	February 24, 2006
Signature	Date
Scott A. Marks	612-766-7820
Printed or Typed Name	Telephone Number
Attorney of Record	
Title	

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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